



community

family



friends

school

Chaperone/Team Adult Advisor Registration Form

2010

imaginingthe possibilities

October 14-16 Yakima, Washington www.preventionsummit.org





Note: Please type directly in fields, save, print and fax or mail to CASAT.

Are you a Team Adult Advisor or a Chaperone? (Read more complete details at the top of page 3.)

- Team Adult Advisor (one per team)– Attend Youth Leadership Track with youth team and work to create a team project to implement in their community or school.
- Chaperone – Responsible to know assigned youth whereabouts at all times and to attend all meals and evening activities with their youth.

First Name _____ **Last Name** _____
(This name will appear on your name badge and certificate) (This name will appear on your name badge and certificate)

Team Name _____

Title _____ **Agency/Organization** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Telephone (_____) (_____) (_____) Fax(_____) (_____) (_____) E-mail _____

Special Accommodations _____
(i.e., vegetarian meals, accessibility for people with disabilities, other needs)

Please complete the following information:

Race: *(Check all that apply)*

- White/European American
- Multiracial
- African American/Black
- Asian/Asian American
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- Other _____

Ethnicity: Hispanic Non-Hispanic **Gender:** Male Female **Age:** 19-25 26-55 56-65 66+

Indicate T-Shirt Size: No T-shirt Please S M L XL 2XL 3XL 4XL

Primary Employer:

- Non-profit Organization
- School/ESD
- Research/ Evaluation
- Mentoring Organization
- Law Enforcement
- State/Public Agency(Specify in other)
- Community Org/Coalition
- Youth Serving
- Tribe
- Private Company
- County Government
- Other _____

How many times have you attended the Prevention Summit? First Time 2-4 5-7 8-9 10 or more

How did you hear about the summit?

- Save the Date Flyer
- DBHR Website
- CASAT Website
- Referral
- E-mail
- Other _____

Do you want to receive E-Briefs Prevention Newsletter? Yes No

How would you like to receive Prevention Summit information in the future? E-mail Postal Mail

Thursday Evening Activities: (Check all that you are attending)

- Opening Celebration/Keynote on Thursday, Oct. 14, 6:30 - 7:30 p.m. at the Convention Center
- Prevention Professionals Networking Soirée on Thursday, Oct. 14, 7:30 - 8:30 p.m. at the Convention Center
- Adventure Dynamics/National Guard Team Building Ropes course for youth, Team Adult Advisors and Chaperones, on Thursday, Oct. 14, 7:30 - 8:45 p.m.

Friday Youth Training Session:

Before choosing a training session for yourself and the members of your team, please review the Youth Training Session information on the Youth Leadership Track information page on the conference website.

- Beginning Youth Training Session
- Intermediate (1-2 years) Youth Training Session
- Advanced (3+ years) Youth Training Session

Scholarships

This year, with special funding from the Attorney General’s Office, scholarships will be available for youth teams bringing at least three youth. (See the Team Scholarship Application packet on the conference website: www.preventionsummit.org. For more information regarding scholarships please email scholarship@preventionsummit.org

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What is the difference between a Team Adult Advisor and a Chaperone?

Team Adult Advisor:

- Will attend and participate in the Prevention Summit Youth Leadership Track and service learning project with his/her team of youth.
- Will commit to supporting his/her team and work to create a team project to implement in their community or school.
- Is the contact between the Summit committee and the team in regards to instructions, notifications, and follow up.
- Will be one of the team's chaperones (for up to three youth).

Chaperones:

- Must be at least 19 years of age or at least 3 years older than the youth they are chaperoning, whichever is greater.
- Will not have to participate in the Youth Leadership Track or service projects with their designated youth. (They can attend the adult workshops.)
- Will need to know their youth whereabouts at all times.
- Will be with their youth during all evening activities, down time and while not on convention center grounds.

Provide name and phone number(s) of the youth you are chaperoning & submit their registration forms with this form (up to three per chaperone)

1. Youth Name _____ Phone _____

2. Youth Name _____ Phone _____

3. Youth Name _____ Phone _____

- I have read and agree to the Chaperone Guidelines on the conference website.
- I have downloaded the required Youth Guidelines/Permission Forms Packet from the conference website and will ensure all youth receive a copy and bring to conference. www.preventionsummit.org

Team Adult Advisor

If you are the Team Adult Advisor for your team, please complete the following information:

1. How long has this team been formed? 0-1 years 2-4 years 5 or more years
2. Has the majority of the team attended the Prevention Summit in the past? Yes No
3. Has the majority of the team attended the Spring Forum in the past? Yes No
4. Has this group accomplished projects in the past? Yes No
5. On a scale of 1 to 5, rate your team's experience in completing projects. (1= never have completed a project; 3=have completed a project; 5= have completed multiple projects successfully.)
 1 2 3 4 5
6. Which prevention area does your program most closely address?

<input type="checkbox"/> Anti-tobacco	<input type="checkbox"/> General Prevention
<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Gambling Gang/Violence/Pregnancy
<input type="checkbox"/> Illegal Drug Use/Abuse Prescription/Over-the-counter Drug Use/Abuse	<input type="checkbox"/> Suicide Prevention/Anxiety/Depression/Mental Health Promotion
	<input type="checkbox"/> Other: _____
7. Please select your team and/or program annual budget?

<input type="checkbox"/> \$0	<input type="checkbox"/> \$501-\$2,000	<input type="checkbox"/> \$5,001-\$10,000
<input type="checkbox"/> less than \$500	<input type="checkbox"/> \$2,001-\$5,000	<input type="checkbox"/> \$10,000 or more

- I have reviewed and understand the Youth Leadership Track information and Team Adult Advisor Guidelines on the website.
- As the Team Adult Advisor, I agree to attend and participate in the Prevention Summit Youth Track with my team of youth. I also commit to supporting my team and work to create a team project to implement in our community.

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Registration Rates:

Fee includes adult soiree on Thur. evening; breakfast & lunch Fri. & Sat; dinner on Fri.

Early Registration (until midnight on Sept. 24, 2010) **\$125**

Regular Registration (beginning Sept. 25, 2010) **\$150**

Registration deadline for teams awarded scholarships is midnight on Oct. 1, 2010.

Cancellation Policy:

If you are unable to attend the conference, please send a written cancellation notice to CASAT (contact info below) no later than Oct. 1, 2010 for a full refund. If your cancellation notice is received after Oct. 1, 2010 a refund will not be possible. Thank You.

Please check that you have read and understand the cancellation policy.

Payment Options

Purchase order enclosed PO# _____

Check payable to the Board of Regents enclosed CASAT's Tax ID #886000024

Coupon Code (if applicable) _____

Credit Card: Master Card VISA
 Discover American Express

Card No. _____ Card Code _____ Exp. Date _____

Amount \$ _____ Print name here _____

Signature _____ If agency is paying, tax ID# _____

Photography/Video Release

For the purpose of providing information, photographs and/or videos for publications and other marketing developed by the Department of Social and Health Services (DSHS), Aging & Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) and Prevention Summit co-sponsors, its directors, officers, employees, agents, volunteers, contractors, facilitators and assigns and/or its partners and funding sources, to promote education about drug abuse prevention and recovery.

I authorize the DSHS/ADSA/DBHR and to release information about my participation in the Washington Prevention Summit for publishing by the DSHS/ADSA/DBHR and Prevention Summit co-sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns. I also authorize the use of my photograph and participation in a video. I understand that information may be provided verbally or by computer data transfer, mail, fax, or hand delivery. I understand and agree to the release of information authorized on this page. I understand I may revoke this release in writing at any time, but I understand that revocation will not affect any information that was already released. Unless NO is marked I give my permission to release records.

If you DO NOT want photographs or videotaped images to be used, please mark here.

I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that unless NO is marked this is a contract with DSHS/ADSA/DBHR and Prevention Summit co-sponsors, its directors, officers, employees, agents, volunteers, contractors, facilitators and assigns.

Adult Participant (Please print)

Adult Participant Signature

Date

FAX: completed registration form with credit card or purchase order to: 775.784.1840 – Attn: Carolyn Bentley

MAIL: completed registration form with credit card, purchase order or check to:
 CASAT/MS 279 Attn: Carolyn Bentley • University of Nevada, Reno • Reno, NV 89557

CASAT Hours 8 am – 5 pm Monday – Friday **Toll-free:** 877.922.6635

Email: contactus@preventionsummit.org **Website:** www.preventionsummit.org

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